

Bayside Medical Mission
Medical Release for ADULT

(18 years of age or older)

I hereby give to Bayside Medical Mission or its designated representative permission to authorize whatever medical treatment may be necessary for me, (name of applicant)

_____, while on a Bayside Medical Mission Trip to Ecuador. If such treatment is recommended by a competent physician or surgeon and is performed by qualified medical personnel, I will not hold Bayside Medical Mission or its designated representative or anyone connected with Bayside Medical Missions responsible in case of adverse results or problems that arise from such treatment. It is understood that this release is valid only in case of an emergency and that I cannot consent to my treatment myself.

Signature –

Date--